

OHIO PUBLIC WORKS FOR YOU

APPLICATION FOR FINANCIAL ASSISTANCE

Revised 7/93

CBO15

IMPORTANT: Applicant should consult the "Instructions for Completion of Project Application" for assistance in the proper completion of this form.

SUBDIVISION: Mt. Healthy CODE # 061 - 52752

DISTRICT NUMBER: 2 COUNTY: Hamilton DATE 8 / 1 / 95

CONTACT: William R. McCormick PHONE # (513) 721-5500
(THE PROJECT CONTACT PERSON SHOULD BE THE INDIVIDUAL WHO WILL BE AVAILABLE ON A DAY-TO-DAY BASIS DURING THE APPLICATION REVIEW AND SELECTION PROCESS AND WHO CAN BEST ANSWER OR COORDINATE THE RESPONSE TO QUESTIONS)

PROJECT NAME: St. Clair Rehabilitation

SUBDIVISION TYPE

(Check Only 1)

- ☐ 1. County
☒ 2. City
☐ 3. Township
☐ 4. Village
☐ 5. Water/Sanitary District
(Section 6119 O.R.C.)

FUNDING TYPE REQUESTED

(Check All Requested & Enter Amount)

- ☒ 1. Grant \$ 400,000
☐ 2. Loan \$ _____
☐ 3. Loan Assistance \$ _____

MBE SET-ASIDE OFFERED

- Construction \$ _____
Procurement \$ _____

PROJECT TYPE

(Check Largest Component)

- ☒ 1. Road
☐ 2. Bridge/Culvert
☐ 3. Water Supply
☐ 4. Wastewater
☐ 5. Solid Waste
☐ 6. Stormwater

TOTAL PROJECT COST: \$ 500,000 FUNDING REQUESTED: \$ 400,000

DISTRICT RECOMMENDATION

To be completed by the District Committee ONLY

GRANT: \$ 400,000

LOAN ASSISTANCE: \$ _____

LOAN: \$ _____

% TERM: yrs. (Attach Loan Supplement)

(Check Only 1)

- ☒ State Capital Improvement Program
☐ Local Transportation Improvements Program
☐ Small Government Program

DISTRICT MBE SET-ASIDE:

- Construction \$ _____
Procurement \$ _____

FOR OPWC USE ONLY

PROJECT NUMBER: C / C

Local Participation %

OPWC Participation %

Project Release Date: _____

OPWC Approval: _____

APPROVED FUNDING: \$ _____

Loan Interest Rate: _____ %

Loan Term: _____ years

Maturity Date: _____

Date Approved: _____

1.0 PROJECT FINANCIAL INFORMATION

1.1 PROJECT ESTIMATED COSTS:

(Round to Nearest Dollar)

- a.) Project Engineering Costs:
- 1. Preliminary Engineering \$ _____ .00
 - 2. Final Design \$ _____ .00
 - 3. Other Engineer Services *
 - Supervision \$ _____ .00
 - Miscellaneous \$ _____ .00
- b.) Acquisition Expenses:
- 1. Land \$ _____ .00
 - 2. Right-of-Way \$ _____ .00
- c.) Construction Costs: \$ 500,000.00
- d.) Equipment Purchased Directly: _____
- e.) Other Direct Expenses: \$ _____ .00
- f.) Contingencies: \$ _____ .00

g.) **TOTAL ESTIMATED COSTS:** \$ 500,000.00

MBE	Force Account
\$	\$
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

1.2 PROJECT FINANCIAL RESOURCES:

(Round to Nearest Dollar and Percent)

- | | | % |
|---------------------------------|-----------------------|-----------|
| a.) Local In-Kind Contributions | \$ _____ .00 | _____ |
| b.) Local Public Revenues | \$ _____ .00 | _____ |
| c.) Local Private Revenues | \$ _____ .00 | _____ |
| d.) Other Public Revenues | | |
| 1. ODOT PID# _____ | \$ _____ .00 | _____ |
| 2. EPA/OWDA _____ | \$ _____ .00 | _____ |
| 3. OTHER (CDBG) | \$ <u>100,000</u> .00 | <u>20</u> |

SUB TOTAL LOCAL RESOURCES: \$ 100,000.00 20

- e.) OPWC Funds
- 1. Grant \$ 400,000.00 80
 - 2. Loan \$ _____ .00 _____
 - 3. Loan Assistance \$ _____ .00 _____

SUB TOTAL OPWC RESOURCES: \$ 400,000.00 80

f.) **TOTAL FINANCIAL RESOURCES:** \$ 500,000.00 100%

*Other Engineer's Services must be outlined in detail on the required certified engineer's estimate.

1.3 AVAILABILITY OF LOCAL FUNDS:

Attach a summary from the Chief Financial Officer listed in section 5.2 listing all local share funds budgeted for the project and the date they are anticipated to be available.

2.0 PROJECT INFORMATION

IMPORTANT: If project is multi-jurisdictional, information must be consolidated in this section.

2.1 PROJECT NAME: St. Clair Rehabilitation

2.2 BRIEF PROJECT DESCRIPTION - (Sections a through d):

a.) SPECIFIC LOCATION:

Project is located in the City of Mt. Healthy. Project limits are from Hamilton Avenue to Bernard Avenue. Please see the attached map.

PROJECT ZIP CODE: 45231

b.) PROJECT COMPONENTS:

- 1.) Remove existing pavement.
- 2.) Install storm sewer items (catch basins, pipe, laterals, etc.)
- 3.) Install new curbs.
- 4.) Reconstruct with asphaltic concrete.
- 6.) Seeding and mulching as necessary.

c.) PHYSICAL DIMENSIONS / CHARACTERISTICS:

The current facility needs to be reconstructed due to poor pavement conditions. The proposed project is approximately 2420 LF in length and 28 LF wide. There are numerous base failures. Storm drains need reconstructed and the pavement is in generally poor condition.

d.) DESIGN SERVICE CAPACITY:

IMPORTANT: Detail shall be included regarding current service capacity vs proposed service level. If road or bridge project, include ADT. If water or wastewater project, include both current residential rates based on monthly usage of 7,756 gallon per household.
Attach current rate ordinance.

The current ADT is 200. There is no expansion of the facility planned.

2.3 USEFUL LIFE / COST ESTIMATE:

Project Useful Life: 20 Years.

Attach Registered Professional Engineer's statement, with original seal and signature certifying the project's useful life indicated above and estimated cost.

3.0 REPAIR/REPLACEMENT or NEW/EXPANSION:

TOTAL PORTION OF PROJECT REPAIR/REPLACEMENT	\$ 450,000.00	100 %
State Funds Requested for Repair and Replacement	\$ 405,000.00	90 %

TOTAL PORTION OF PROJECT NEW/EXPANSION	\$ _____	0 %
State Funds Requested for New and Expansion	\$ _____	0 %

(SCIP Project Grant Funding for New and Expansion cannot exceed 50% of the Total Project Costs.)

4.0 PROJECT SCHEDULE:*

	BEGIN DATE	END DATE
4.1 Engineering/Design:	8 / 15 / 95	1 / 30 / 96
4.2 Bid Advertisement:	7 / 1 / 96	7 / 21 / 96
4.3 Construction:	8 / 15 / 96	12 / 31 / 96

* Failure to meet project schedule may result in termination of agreement for approved projects. Modification of dates must be approved in writing by the Commission once the Project Agreement has been executed. Dates should assume project agreement approval/release on July 1st. of the Program Year applied for.

5.0 APPLICANT INFORMATION:

5.1 CHIEF EXECUTIVE

OFFICER	Stephen Wolf
TITLE	Mayor
STREET	7700 Perry Street
CITY/ZIP	Mt. Healthy, Ohio 45231
PHONE	(513) 931 - 8840
FAX	(513) 931 - 1791

5.2 CHIEF FINANCIAL

OFFICER	Albert Peters
TITLE	City Auditor
STREET	7700 Perry Street
CITY/ZIP	Mt. Healthy, Ohio 45231
PHONE	(513) 931 - 8840
FAX	(513) 931 - 1791

5.3 PROJECT MANAGER

TITLE	William R. McCormick
STREET	City Engineer
CITY/ZIP	2021 Auburn Avenue
PHONE	Cincinnati, Ohio 45219
FAX	(513) 721 - 5500
	(513) 721 - 0607

6.0 ATTACHMENTS/COMPLETENESS REVIEW:

Check each section below, confirming that all required information is included in this application.

X A certified copy of the legislation by the governing body of the applicant authorizing a designated official to submit this application and execute contracts. (Attach)

X A summary from the applicant's Chief Financial Officer listing all local share funds budgeted for the project and the date they are anticipated to be available. (Attach)

X A registered professional engineer's estimate of projects useful life and cost estimate, as required in 164-1-14 and 164-1-16 of the Ohio Administrative Code. Estimates shall contain engineer's original seal and signature. (Attach)

 A copy of the cooperation agreement(s) if this project involves more than one subdivision or district. (Attach)

X Capital Improvements Report: (Required by 164 O.R.C. on standard form)

X A: Attached.

 B: Report/Update Filed with the Commission within the last twelve months.

 Floodplain Management Permit: Required if project is in 100 year floodplain. See Instructions.

X Supporting Documentation: Materials such as additional project description, photographs, economic impact (temporary and/or full time jobs likely to be created as a result of the project), and other information to assist your district committee in ranking your project.

7.0 APPLICANT CERTIFICATION:

The undersigned certifies that: (1) he/she is legally authorized to request and accept financial assistance from the Ohio Public Works Commission; (2) that to the best of his/her knowledge and belief, all representations that are part of this application are true and correct; (3) that all official documents and commitments of the applicant that are part of this application have been duly authorized by the governing body of the applicant; and, (4) should the requested financial assistance be provided, that in the execution of this project, the applicant will comply with all assurances required by Ohio Law, including those involving minority business utilization, Buy Ohio, and prevailing wages.

IMPORTANT: Applicant certifies that physical construction on the project as defined in the application has NOT begun, and will not begin until a Project Agreement on this project has been executed with the Ohio Public Works Commission. Action to the contrary will result in termination of the agreement and withdrawal of Ohio Public Works Commission funding of the project.

Stephen Wolf, Mayor, City of Mt. Healthy

Certifying Representative (Type or Print Name and Title)

Stephen S. Wolf 9/14/95
Signature/Date Signed

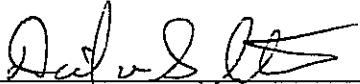
PROJECT: ST. CLAIR REHABILITATION
ENG. EST.: \$500,000.00

ENGINEER'S
ESTIMATE

REF NO	ITEM NO	DESCRIPTION	UNIT	QUANT	UNIT	TOTAL
1	201	CLEARING AND GRUBBING	LS	1	5000.00	\$ 5,000.00
2	202	PAVEMENT REMOVED	SY	20000	3.00	\$ 60,000.00
5	301	ASPHALT CONCRETE, AC-20	CY	1500	65.00	\$ 97,500.00
6	404	ASPHALT CONCRETE, AC-20	CY	1500	65.00	\$ 97,500.00
7	603	CONCRETE CONDUIT, TYPE B, 706.02	LF	2000	35.00	\$ 70,000.00
8	604	CATCH BASIN, TYPE 3	EA	6	1500.00	\$ 9,000.00
9	608	CURB RAMPS	EA	10	500.00	\$ 5,000.00
10	608	MAINTAINING TRAFFIC	LS	1	16000.00	\$ 16,000.00
11	609	CONCRETE CURB	LF	5000	18.00	\$ 90,000.00
12	659	SEEDING AND MULCHING	SY	500	3.00	\$ 1,500.00
13	SPL	UTILITY RELOCATION	LS	1	48500.00	\$ 48,500.00

TOTAL ESTIMATED COST \$500,000.00

I HEREBY CERTIFY THIS TO BE AN ACCURATE ESTIMATE OF THE PROPOSED PROJECT.
THE USEFUL LIFE OF THIS PROJECT IS 20 YEARS.


Daniel W. Schoster, P.E.





City of Mt. Healthy

Perry Street and McMakin Avenue

Mt. Healthy, Ohio 45231

Phone 931-8840



STATUS OF FUNDS REPORT

The City of Mt. Healthy has applied for \$100,000 from the Community Development Block Grant Program as its participation in the St. Clair Rehabilitation Project.

Albert Peters, Auditor
City of Mt. Healthy.

REQUESTED BY: Safety Service Director William Kocher
DATE OF FIRST READING: 8-22-95
SUSPENSION OF THREE READING RULE: YES 6 NO 0 (DATE: 8-22-95)
DATE PASSED: 8-22-95
VOTE: YES 6 NO 0

RESOLUTION NO. 95-782

RESOLUTION AUTHORIZING FILING OF APPLICATION FOR
1996 ISSUE TWO FUNDS AND EXECUTION OF
PROJECT AGREEMENT WITH OHIO PUBLIC WORKS COMMISSION

Whereas, the City Council of the City of Mt. Healthy has determined that it would be in the best interest and promote the general welfare of the community to apply for 1996 Issue Two funds and enter into an agreement with the Ohio Public Works Commission;

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF MT. HEALTHY:

Section 1. That the City Council of the City of Mt. Healthy hereby approves filing an application for 1996 Issue Two funds to the District Public Works Integrating Committee;

Section 2. That the Mayor of the City of Mt. Healthy, is hereby authorized and directed to execute a Project Agreement with the Ohio Public Works Commission.

Section 3. This resolution shall take effect and be in full force and effect from and after the earliest date provided by law.

PASSED THIS 22nd DAY OF August, 1995.

[Signature]
President of Council

Attest:

[Signature]
ACTING Clerk of Council

Approved this 22nd day of August, 1995.

[Signature]
Mayor

Approved as to form:

[Signature]
Law Director

VICINITY MAP (ST. CLAIR AVENUE - MT. HEALTHY)

PAGE 24

19

20



21

22

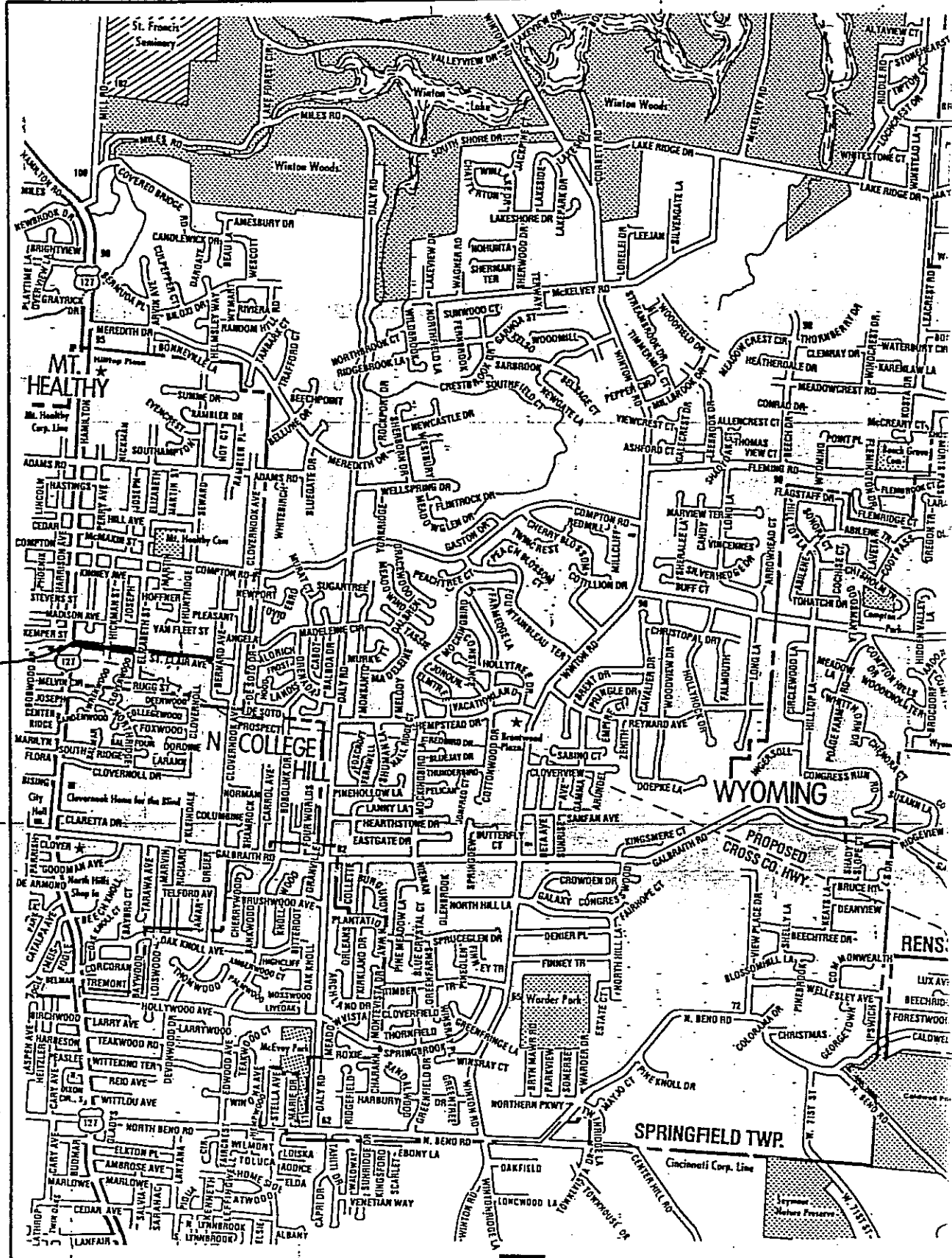
E

F

H

J

K



23

31

Ohio Public Works Commission

Five Year Capital Improvement Plan/Maintenance of Effort

Date 9 / 12 / 95

Subdivision Name: Mt. Healthy, City Code: 061-52752

Project Name/Description	Funding Code(s)	Status None (Complete)	Total Cost	Two Year Effort	Five Year Plan
				1993 1994 Funded	1995 1996 1997 1998 1999 Planned

[illegible]

Ohio Public Works Commission

Capital Improvement Report
Summary Form

Submittal Date: 12/21/95
Required Renewal Date: 02/01/95

Subdivision Code: 061-52752 MOUNT HEALTHY CITY

County:

Infrastructure Component	Replacement Cost		Repair Cost	Total Units	Units/Physical Condition						
					Excellent	Good	Fair	Poor	Critical	Unknown	
Roads Current Change ----->	15,285,600	15,444,448	3,821,400	19.30	4.50	3.20	6.10	2.10	3.40	0.00	Center line Miles miles and tenths
Bridges Current Change ----->	0	0	0	0	0	0	0	0	0	0	Number of Bridges whole numbers
Culverts ----->	800,000	824,000	800,000	80	20	40	10	8	2	0	Number of Culverts whole numbers
Water Supply Change ----->	0	0	0	0	0	0	0	0	0	0	Number of Facilities
Water Dist Change ----->	0	0	0	0	0	0.00	0.00	0.00	0.00	0.00	Linear Feet Thousands
Wastewater Sys Change ----->	0	0	0	0	0	0	0	0	0	0	Number of Facilities
Wastewater Col Change ----->	0	0	0	0	0	0.00	0.00	0.00	0.00	0.00	Linear Feet Thousands
Stormwater Col Change ----->	5,000,000	5,150,400	850,000	100	0	0.00	0.00	0.00	0.00	100.00	Linear Feet Thousands
Solid Waste Change ----->	0	0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	Tons per Day

Old Address:
MOUNT HEALTHY CITY
7700 Perry Street

New Address:
Mt. Healthy OH 45231

Address 1:

Address 2:

City/State/Zip

Old Change

MHI: 22,801

POPULATION: 7,580

TOTAL HOUSEHOLDS: 3,366

UNEMPLOYMENT: 3.70

St. Clair Avenue
Mt. Healthy



Pavement Ravelling & Cracking



Alligator Cracking
Pavement Ravelling

St. Clair Avenue
Mt. Healthy



Alligator Cracking/Patching



Utility Patching

ADDITIONAL SUPPORT INFORMATION

For Program Year 1996 (July 1, 1996 through June 30, 1997), jurisdictions shall provide the following support information to help determine which projects will be funded. Information on this form must be accurate, and where called for, based on sound engineering principles. Documentation to substantiate the individual items may be required by the Support Staff if information does not appear to be accurate.

- 1) What is the condition of the existing infrastructure to be replaced, repaired, or expanded? For bridges, submit a copy of the current State form BR-86.

Closed _____

Poor X

Fair _____

Good _____

Give a brief statement of the nature of the deficiency of the present facility such as: inadequate load capacity (bridge); surface type and width; number of lanes; structural condition; substandard design elements such as berm width, grades, curves, sight distances, drainage structures, or inadequate service capacity. If known, give the approximate age of the infrastructure to be replaced, repaired, or expanded.

The existing facility needs base repair/replacement to correct rough riding surface. There are two lanes. The storm drainage needs corrected to prevent flooding and icing in winter months. Catch basins are inadequate and substandard.

- 2) If State Capital Improvement Program funds are awarded, how soon (in weeks or months) after receiving the Project Agreement from OPWC (tentatively set for July 1, 1995) would the project be under contract? The Support Staff will be reviewing status reports of previous projects to help judge the accuracy of a particular jurisdiction's anticipated project schedule.

4 weeks/months (Circle one)

Are preliminary plans or engineering completed? Yes No

Are detailed construction plans completed? Yes No

Are all right-of-way and easements acquired?* Yes No N/A

*Please answer the following if applicable:

No. of parcels needed for project: 0 Of these, how many are Takes _____, Temporary _____, Permanent _____

On a separate sheet, explain the status of the ROW acquisition process of this project for any parcels not yet acquired.

Are all utility coordinations completed? Yes No N/A

Give an estimate of time, in weeks or months, to complete any item above not yet completed. 4 weeks/months

- 3) How will the proposed project impact the general health, safety and welfare of the service area? (Typical examples may include the effects of the completed project on accident rates, emergency response time, fire protection, health hazards, user benefits, commerce, and highway capacity.) Please be specific and provide documentation if necessary to substantiate the data.

This project will improve the drainage of the roadway. It will keep localized flooding from occurring, and will help prevent icing in winter months.

- 4) What type of funds are to be utilized for the local share for this project?

Federal	_____	ODOT	_____	Local	<u> X </u>
MRF	_____	OWDA	_____	CDBG	_____
Other	_____				

Note: If MRF funds are being used for the local share, the MRF application must have been filed by August 1, 1995 for this project with the Hamilton County Engineer's Office.

The minimum amount of matching funds for grant projects (local share) must be at least 10% of the TOTAL CONSTRUCTION COST. What percentage of matching funds are being committed to this project?

 10 %

- 5) Has any formal action by a federal, state, or local government agency resulted in a complete or partial ban of the use or expansion of use for the involved infrastructure? (Typical examples include weight limits, truck restrictions, and moratoriums or limitations on issuance of building permits.) A copy of the approved legislation must be submitted with the application. THE BAN MUST HAVE AN ENGINEERING JUSTIFICATION TO BE VALID.

Complete Ban	_____	Partial Ban	_____	No Ban	<u> X </u>
--------------	-------	-------------	-------	--------	--------------

Will the ban be removed after the project is completed?

Yes _____ No _____

- 6) What is the total number of existing users that will benefit as a result of the proposed project?

ADT = 200 x 1.2 = 240 users per day.

For roads and bridges, multiply current documented Average Daily Traffic by 1.20. For public transit, submit documentation substantiating the count. Where the facility currently has any restrictions or is partially closed, use documented traffic counts prior to the restriction. For storm sewers, sanitary sewers, water lines, and other related facilities, multiply the number of households in the service area by 4.

- 7) Has the jurisdiction developed a Five Year Capital Improvement Plan as required in O.R.C., chapter 164?

Yes X No

- 8) Give a brief statement concerning the regional significance of the infrastructure to be replaced, repaired, or expanded.

This street is at a proposed exit ramp of the proposed Cross County Highway. It will undoubtedly have more traffic once the highway is constructed.

- 9) For expansion projects, please provide the existing and proposed Level of Service (LOS) of the facility using the methodology outlined within AASHTO'S "Geometric Design of Highways and Streets" and the 1985 Highway Capacity Manual.

Existing LOS Proposed LOS

If the proposed LOS is not "C" or better, explain why LOS "C" cannot be achieved. (Attach separate sheets if necessary.)

STATE CAPITAL IMPROVEMENT PROGRAM
LOCAL TRANSPORTATION IMPROVEMENT PROGRAM

ROUND NO. 10

PROGRAM YEAR 1996 PROJECT SELECTION CRITERIA - JULY 1, 1996 TO JUNE 30, 1997

ADOPTED BY THE DISTRICT 2 INTEGRATING COMMITTEE

JUNE 9, 1995

JURISDICTION/AGENCY: MT. HEALTHY

NAME OF PROJECT: ST. CLAIR REHAB.

TOTAL POINTS FOR THIS PROJECT: 48 RATING TEAM NO. 1

NO. OF
POINTS

10 1) If SCIP Funds are granted, when would the construction contract be awarded? (The Support Staff will assign points based on engineering experience.)

10 Points - Will be under contract by December 31, 1996

5 Points - Will be under contract by March 30, 1997

0 Points - Will not be under contract by March 30, 1997

16 2) What is the condition of the infrastructure to be replaced or repaired? For bridges, base condition on latest general appraisal and condition rating.

20 Points - Poor Condition

16 Points -

12 Points - Fair to Poor Condition

8 Points -

4 Points - Fair Condition

0 Points - Good or Better Condition

NOTE: If the infrastructure is in "good or better" condition it will NOT be considered for SCIP funding. If it is an expansion type project, and rated 0, it will be considered for LTIP only.

1

- 3) If the project is built, what will be its effect on the facility's serviceability?
- 5 Points - Significant effect (e.g., widen to and add lanes along entire project)
 - 4 Points - Moderate to significant effect
 - 3 Points - Moderate effect (e.g., widen existing lanes)
 - 2 Points - Moderate to little effect
 - 1 Point - Little or no effect (e.g., street or bridge deck rehabilitation)

4

- 4) How important is the project to the HEALTH, SAFETY, AND WELFARE of the public and the citizens of the District and/or service area?
- 10 Points - Highly significant importance, with substantial impact on all 3 factors
 - 8 Points - Considerably significant importance, with substantial impact on 2 factors OR noticeable impact on all 3 factors
 - 6 Points - Moderate importance, with substantial impact on 1 factor or noticeable impact on 2 factors
 - 4 Points - Minimal importance, with noticeable impact on 1 factor
 - 2 Points - No measurable impact

SAFETY
HEALTH

10

- 5) What is the overall economic health of the jurisdiction?
- 10 Points - Poor
 - 8 Points -
 - 6 Points - Fair
 - 4 Points -
 - 2 Points - Excellent

2

- 6) What matching funds are being committed to the project, expressed as a percentage of the TOTAL CONSTRUCTION COST? Loan and Credit Enhancement projects automatically receive 5 points, and no match is required. All grant funded projects require a minimum of 10% matching funds.
- 5 Points - 50% or more
 - 4 Points - 40% to 49.99%
 - 3 Points - 30% to 39.99%
 - 2 Points - 20% to 29.99%
 - 1 Point - 10% to 19.99%

- 0 7) Has any formal action by a federal, state, or local government agency resulted in a partial or complete ban of the usage or expansion of the usage for the involved infrastructure? POINTS MAY ONLY BE AWARDED IF THE END RESULT OF THE PROJECT WILL CAUSE THE BAN TO BE LIFTED.

5 Points - Complete or significant ban
3 Points - Partial or moderate ban
0 Points - No ban of any kind

- 1 8) What is the total number of existing daily users that will benefit as a result of the proposed project? Appropriate criteria include current certified traffic counts, or number of households served when converted to a measurement of persons. Public transit users are permitted to be counted for roads and bridges, but only when certified ridership figures are provided.

5 Points - 16,000 or more
4 Points - 12,000 to 15,999
3 Points - 8,000 to 11,999
2 Points - 4,000 to 7,999
1 Point - 0 to 3,999

- 1 9) Does the infrastructure have REGIONAL impact? Consider origins and destinations of traffic, functional classification, size of service area, number of jurisdictions served, etc.

5 Points - Major impact (e.g., major multi-jurisdictional route, primary feed route to an interstate, Federal Aid Primary routes)
4 Points -
3 Points - Moderate impact (e.g., principal thoroughfares, Federal-Aid Urban routes)
2 Points -
1 Point - Minimal or no impact (e.g., cul-de-sacs, subdivision streets)

- 1 10) Has the jurisdiction enacted the optional \$5 license plate fee, an infrastructure levy, a user fee, or a dedicated tax for infrastructure?

2 Points - Two of the above
1 Point - One of the above
0 Points - None of the above

ADDENDUM TO THE RATING SYSTEM
DEFINITIONS

CRITERION 1 - ABILITY TO PROCEED

The Support Staff will assign points based on:

- 1) Engineering experience
- 2) The information on the Additional Support Information, as verified where necessary.
- 3) The applicant's past SCIP/LTIP record of successfully projecting project schedules on similar types of projects.

If a project rating on this item is reduced by the Support Staff because of a questionable schedule, and still receives funding, the submitting jurisdiction will be permitted to amend the Project Schedule accordingly.

CRITERION 2 - CONDITION

Poor - Condition is dangerous, unsafe or unusable

Fair to Poor - Condition is inadequate or substandard

Fair - Condition is average, not good or poor

CRITERION 5 - ECONOMIC HEALTH

The following factors are used to determine economic health:

- 1) Median per capita income
- 2) Per capita assessed valuation of the total community real estate and personal property
- 3) Poverty indicators
- 4) Effective tax rates
- 5) Total corporate debt as a percentage of assessed valuation
- 6) Municipal revenues and expenditures per capita

CRITERION 9 - REGIONAL IMPACT

Major impact - Primary water or sewer main serving an entire system

Moderate impact - Waterline or storm sewer serving only part of a system

Minimal impact - Individual waterline or storm sewer not part of a system